

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26514
Registrar's No. 6306

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3469a Grace Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 45 years
years, months or days)

3. (a) PRINT FULL NAME Mary Tilden

3. (b) If veteran, name war. --- 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Arthur 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased April 9, 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 3 21 hr. min.

9. Birthplace Unknown Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name G. S. Patterson
13. Birthplace Unknown Wisconsin
(City, town, or county) (State or foreign country)
14. Maiden name A. Ludington
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. D. J. Peat 66
(b) Address 6632 Winona Ave.

17. (a) Burial (b) Date thereof 8/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Wacker - Welden

(b) Address 3634 Gravois Ave.

19. (a) AUG - 1 1941 (b) J. H. Redick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3469a Grace Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1941 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Sept 28, 1939, to July 30, 1941
that I last saw him alive on July 29, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Heat Exhaustion
neither heat or sun stroke
Due to Chronic Interstitial

Due to nephritis

Other conditions 1316
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. Redick (M. D. or other) 1
Address 6632 Winona Ave. Date signed 8/1/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.